

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ KR

관리담당 담당자
[Signature]

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

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Identification of IPEA	Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION	
International application No. PCT/KR2005/000016	International filing date (day/month/year) 05 January 2005 (05.01.2005)
(Earliest) Priority date (day/month/year) 05 January 2004 (05.01.2004)	
Title of invention A METHOD FOR THE DETECTION OF LATERAL FLOW ASSAY AND STRIP AND LASER-INDUCED EPIFLUORESCENCE AND COMPACT SCANNER THEREFOR	
Box No. II APPLICANT(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) BIO-MED PHOTONICS CO., LTD. #3-3, Bio-venture plaza, Hupyeong-dong, Chuncheon-si, Gangwon-do 200-160, Republic of Korea	
Telephone No. 82-33-258-6888	
Facsimile No. 82-33-258-6889	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality: KR	State (that is, country) of residence: KR
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) BODITECHMED INC. #3-2, Bio-venture plaza, Hupyeong-dong, Chuncheon-si, Gangwon-do 200-160, Republic of Korea	
State (that is, country) of nationality: KR	State (that is, country) of residence: KR
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) NAHM, Kie-Bong 2-409 Kukje Apt., 612 Daechi-dong, Gangnam-gu, Seoul 153-853, Republic of Korea	
State (that is, country) of nationality: KR	State (that is, country) of residence: KR
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.	

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Continuation of Box No. II APPLICANT(S)

*If none of the following sub-boxes is used, this sheet should not be included in the demand.*Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

CHOI, Eui-Yeol
 102-1205 Samsung Apt., 1068 Udu-dong,
 Chuncheon-si, Gangwon-do 200-150, Republic of Korea

State *(that is, country)* of nationality:
KRState *(that is, country)* of residence:
KRName and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

KIM, Jae-Hoon
 102-201, Woosung Apt., Toegye-dong,
 Chuncheon-si, Gangwon-do 200-170, Republic of Korea

State *(that is, country)* of nationality:
KRState *(that is, country)* of residence:
KRName and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*State *(that is, country)* of nationality:State *(that is, country)* of residence:Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*State *(that is, country)* of nationality:State *(that is, country)* of residence:

Further applicants are indicated on another continuation sheet.

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Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is agent common representative
 and has been appointed earlier and represents the applicant(s) also for international preliminary examination.
 is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.
 is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official designation.
 The address must include postal code and name of country.)*

SON, Min
 19th Floor, City Air Tower 159-9, Samsung-dong,
 Kangnam-gu, Seoul, 135-973, Republic of Korea

Telephone No.	82-2-2016-7900
Facsimile No.	82-2-2016-7905
Teleprinter No.	
Agent's registration No. with the Office	

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

the international application as originally filed
 the description as originally filed
 as amended under Article 34

the claims as originally filed
 as amended under Article 19 (together with any accompanying statement)
 as amended under Article 34

the drawings as originally filed
 as amended under Article 34

2. The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.
 3. The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d).
 4. The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: **English**

which is the language in which the international application was filed.
 which is the language of a translation furnished for the purposes of international search.
 which is the language of publication of the international application.
 which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

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Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:			For International Preliminary Examining Authority use only	
			received	not received
1. translation of international application	:	sheets	<input type="checkbox"/>	<input type="checkbox"/>
2. amendments under Article 34	:	sheets	<input type="checkbox"/>	<input type="checkbox"/>
3. copy (or, where required, translation) of amendments under Article 19	:	sheets	<input type="checkbox"/>	<input type="checkbox"/>
4. copy (or, where required, translation) of statement under Article 19	:	sheets	<input type="checkbox"/>	<input type="checkbox"/>
5. letter	:	sheets	<input type="checkbox"/>	<input type="checkbox"/>
6. other (specify)	:	sheets	<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

1. <input checked="" type="checkbox"/> fee calculation sheet	5. <input type="checkbox"/> statement explaining lack of signature
2. <input type="checkbox"/> original separate power of attorney	6. <input type="checkbox"/> sequence listing in computer readable form
3. <input type="checkbox"/> original general power of attorney	7. <input type="checkbox"/> tables in computer readable form related to a sequence listing
4. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any:	8. <input type="checkbox"/> other (specify):

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

SON, Min

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1. Date of actual receipt of DEMAND:	6. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.
2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):	7. <input type="checkbox"/> The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.
3. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply. <input type="checkbox"/> The applicant has been informed accordingly.	8. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82.
4. <input type="checkbox"/> The date of receipt of the demand is WITHIN the time limit of 19 months from the priority date as extended by virtue of Rule 80.5.	
5. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.	

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Demand received from IPEA on:

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FEE CALCULATION SHEET

Annex to the Demand

International application No. PCT/KR2005/000016	For International Preliminary Examining Authority use only
Applicant's or agent's file reference PCTA9501-1	Date stamp of the IPEA
CALCULATION OF PRESCRIBED FEES	
1. Preliminary examination fee	225,000 P
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)	161,000 H
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	386,000 TOTAL
MODE OF PAYMENT	
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cheque <input type="checkbox"/> postal money order <input type="checkbox"/> bank draft	<input checked="" type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input type="checkbox"/> other (<i>specify</i>): _____
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i>	
IPEA/ _____	
Deposit Account No.: _____	
Date: _____	
Name: _____	
Signature: _____	